# SUPPORTING CHILDREN WITH MEDICAL NEEDS POLICY

| Date: | October 2026 | Review Date: | October 2027 |
|---|---|---|---|

At Charlton Mackrell C of E Primary School we believe that during medical emergencies, the consequences of taking no action are likely to be more serious than those of trying to assist. However no pupil will be given medication without his or her parent's written consent. We do not assume that children who have special medical needs also have special educational needs.

Parents are expected to keep children at home when they are acutely unwell. Non prescription medication is only permitted in extreme circumstances (or with a Health Professionals written advice) and after discussion between school/home i.e.: short term pain relief for toothache whilst awaiting or following a dental appointment. We prefer that non prescriptive medication will always be self-medicated or administered by the parent or a nominated member of staff.

Medical information will be treated confidentially. The head will agree with the parent, who else should have access to records and other information about their child. Photos and details will be displayed where and if appropriate. We also keep records in the office and on SIMS of children's medical needs and immunisation records.

Children will be monitored and staff noticing a deterioration in a pupil's health over time will inform the head who will liaise with the parents.

At Charlton Mackrell C of E Primary School we recognise that there are different levels of medical needs. These needs are generally grouped into the following sections:

**Short Term Medical Needs**
We recognise that pupils may need to receive medication during school hours at some time in their school life. Mostly this will be for a short period only; to finish a course of antibiotics or apply a lotion. To allow pupils to do this will minimise the time they need to be off school. Medication should only be taken to school when absolutely essential. Parents should be encouraged to talk to their doctors about the frequency of dosage in order that it may be administered out of school hours.

**Long term/severe medical needs**
Parents should provide the office with sufficient information about their child's medical condition and treatment or special care needed at school. There is a section on the school's admission form requesting information on any existing medical conditions. If the child's needs are substantial the parent, jointly with the Headteacher, reach agreement on the school's role in helping with their child's medical needs. We believe that sharing information is important if staff and parents are to ensure the best care for a pupil.

If parents have difficulty understanding or supporting their child's medical condition themselves, we will provide additional assistance in these circumstances by liaising with the appropriate Health agency. Parents' cultural and religious views would always be respected.

**Asthma**
A large number of children suffer with asthma; at Charlton Mackrell C of E Primary School we ensure children with asthma are encouraged to participate fully in school life.

**Staff roles**

**There is no legal or contractual duty on school staff to administer medicine or supervise a pupil taking it. This is a voluntary role.** Support staff may have specific duties to provide medical assistance as part of their contract by mutual agreement. However, swift action would be taken by another member of staff to assist any pupil in an emergency.

For a child with medical needs, the Headteacher will need to agree with the parents exactly what support the school can provide. Complex medical assistance is likely to mean that the staff who volunteer will need special training.
If pupils refuse to take essential medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services.

Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil will receive training and guidance so that they feel fully confident to carry out these responsibilities. He or she will also be aware of possible side effects of the medication and what to do if they occur. The type of training necessary will depend on the individual case but should be delivered by the appropriate professionally trained person.

Teachers who have pupils with medical needs in their class will be provided with the full nature of the condition, and when and where the pupil may need extra attention. Teachers should be aware of the likelihood of an emergency arising and what action to take if one occurs.

At different times of the school day other staff will be responsible for pupils (e.g. Midday Supervisors). The staff will be provided with training and advice and know who to refer to for each specific child.

Where it is required, the job descriptions of staff should reflect these responsibilities.

*Under Workforce Reform teachers' conditions of employment do not include giving medication or supervising a pupil taking it.*

*The LEA ensures that their insurance arrangements provide full cover for staff acting within the scope of their employment.* ***The LEA wishes to reassure staff that those who volunteer to assist with any form of medical procedure are acting within the scope of their employment and are indemnified.***
*In the event of legal action over an allegation of negligence, the LEA rather than the employee is likely to be held responsible.*

Public Health leads in the Primary Care Trusts. The local Consultant in Communicable Disease Control (CCDC) can advise on the circumstances in which pupils with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease. Guidance for schools is available in the school office.

**Record Keeping**
Parents are responsible for supplying information about medicines that their child needs to take at school, and for letting the school know of any changes to the prescription or the support needed. The parent or doctor should provide written details including:

- name of medication
- dose
- method of administration
- time and frequency of administration
- other treatment
- any side effects

Parents will be given a form to complete, giving details of medication. The child's GP may be willing to give confirmation of the medication.

**School Medical Care Plans**
It is important for the school to have sufficient information about the medical condition of any pupil with long-term medical needs. The school needs to know about any medical needs before a child starts school, or when a pupil develops a condition. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary. A written medical care plan should be completed for such pupils, involving the parents and relevant health professionals; this should also be attached to the pupils SIMS details. This should include:

- details of a pupil's condition
- special requirements e.g. dietary needs, pre-activity precautions
- medication and any side effects
- what to do, and who to contact in an emergency
- the role the school can play

School staff will complete, date and time record cards each time they give medication to a pupil.

**Purpose of a School Medical Care Plan**
The main purpose of an individual medical care plan for a pupil with medical needs is to identify the level of support that is needed at school. A written agreement with parents clarifies for staff, parents and the pupil the help that the school can provide and receive. Schools should agree with parents how often they should jointly review the medical care plan.

Each medical care plan will contain different levels of detail according to the needs of the individual pupil. Form 1 will be used to produce a medical care plan. Those who may need to contribute to a medical care plan are:

- the Headteacher
- the parent or guardian
- the child
- class teacher (primary schools)/form tutor/head of year (secondary schools)
- care assistant or support staff (if applicable)
- school staff who have agreed to administer medication or be trained in emergency procedures
- SEN Support Services as appropriate
- the school health service, the child's GP or other health care professionals (depending on the level of support the child needs)
- Critical Health Care Plan

*Critical Health Care Plans:*
a Critical Healthcare Notice (CHN) will be produced when a child has an existing medical condition that may need urgent treatment. The CHN will identify the pupil (name & photograph), DOB, class and a brief description of their medical condition as well as emergency procedures to follow and emergency contacts.
Pupils with a CHN are known to all staff working with the child and all staff are made aware that a condition exists in case of an emergency situation.

## Dealing with Medicines Safely

**Safety Management**
Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

**Access to Medication**
When the school stores medicines staff should ensure that the supplied container is labelled with the name of the pupil, the name and dose of the drug and the frequency of administration. All medication must arrive in the original container as provided by the pharmacist, with the name of the name of the children clearly visible. Where a pupil needs two or more prescribed medicines, each should be in a separate container. Parents or Staff should never transfer medicines from their original containers. The head is responsible for making sure that medicines are stored safely. Pupils should know where their own medication is stored and who holds the key. A few medicines, such as asthma inhalers and epi pens, must be readily available to pupils and must not be locked away. We allow pupils to carry their own inhalers. Other medicines should generally be kept in a secure place not accessible to pupils.

1. If the school locks away medication that a pupil might need in an emergency, all staff should know where to obtain keys to the medicine cabinet.

2. Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food and should be clearly labelled.

**Disposal of Medicines**
School staff should not dispose of medicines. Parents should collect medicines held at school at the end of each term. Parents are responsible for disposal of date-expired medicines.

**Intimate or Invasive Treatment**
The Headteacher or board of Governors should arrange appropriate training for school staff who are willing to administer intimate or invasive treatment. Form 6, the consent form, must be completed by all adults concerned. Training can only be given by appropriate Health Professionals (Form 5). If the school can arrange for two adults, one the same gender as the pupil, to be present for the administration of intimate or invasive treatment, this minimises the potential for accusations of abuse. Two adults often ease practical administration of treatment too. Staff should protect the dignity of the pupil as far as possible, even in emergencies.